

**Nebraska Family Helpline,  
Family Navigator and  
Right Turn Post Adoption/  
Post Guardianship Services**



**FOURTH QUARTERLY EVALUATION REPORT (FY 2010-2011)  
APRIL 1, 2011 – JUNE 30, 2011**



***Produced by***  
**Hornby Zeller Associates, Inc.**  
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## **Contents**

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<b>Evaluation Purpose and Activities .....</b>	<b>1</b>
<b>Clients and Services .....</b>	<b>3</b>
<b>Fidelity: Compliance with Program Requirements .....</b>	<b>9</b>
<b>Effectiveness: Service Referral and Provision .....</b>	<b>16</b>
<b>Outcomes: Benefits to the Clients .....</b>	<b>28</b>
<b>Next Steps .....</b>	<b>34</b>

## **Evaluation Purpose and Activities**

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### **PURPOSE OF EVALUATION**

This report represents the last of six quarterly reports evaluating the Nebraska Family Helpline, Family Navigator Services, and Right Turn Post Adoption/Post Guardianship Programs. It covers the period of April 1, 2011 to June 30, 2011 which represents the fourth quarter of Fiscal Year 2010-2011. For the purpose of making comparisons across all six quarters of service delivery, however, the report refers to this period as the “sixth quarter.”

The three programs being evaluated are all intended to provide empathetic support and behavioral health referrals to families in meeting the needs of their children who may be experiencing behavioral or emotional problems. They generally focus on helping families to clarify their concerns, identify their strengths and needs and develop plans to address the needs. Staff also provide referrals to community-based services and informal supports and sometimes shepherd families through the process of accessing services. A further goal of Right Turn is to prevent the dissolution of adoptions and guardianships by ensuring that the adoptive parents and other caregivers have adequate support to deal with the special issues they face.

The primary objectives of the evaluation are to assess the fidelity, effectiveness and outcomes of these three legislatively funded initiatives. The intended result is to provide decision-makers with the information they need to improve services to the children and families with a focus on earlier interventions, least restrictive services and family-centered practice.

During this quarter, Nebraska Department of Health and Human Services issued a new Request for Proposals seeking organizations to provide both the Family Navigator and Family Peer Support services. The current provider, Boys Town, chose not to respond to the RFP and concluded providing Family Navigation services at the end of the quarter. Boys Town will continue to operate the Helpline and make referrals to the Family Navigator program. A new provider, the Nebraska Federation of Families for Children’s Mental Health, has been contracted to provide the service as of July 1, 2011. At the time of this report, a transition plan between the two organizations was still being developed. This change bears mentioning here because it affects the findings related to the Family Navigator program throughout the report.

### **EVALUATION ACTIVITIES**

#### *On-going Data Collection*

HZA staff continued to collect data on the programs in multiple ways. During on-site visits to the programs in June, HZA conducted case readings of Family Navigator cases, interviewed family members and spoke with program administrators for all three programs. Simultaneously, HZA was conducting telephone interviews with family

members and staff in geographic regions that were not visited in person, reviewing Right Turn case records electronically, collecting Family Survey responses from those who had completed services and listening to calls coming into the Nebraska Family Helpline and to Right Turn's Access Line.

The following summarizes the data collection activities for this quarter.

**Helpline:** Reviewed **91** calls, **75** inbound  
Interviewed Program Manager

**Family Navigator:** Reviewed **62** case records  
Interviewed Program Manager  
Interviewed **7** family members  
Received and data entered **8** Family Surveys

**Right Turn:** Reviewed **25** case records  
Reviewed **13** calls  
Interviewed Program Director  
Interviewed **2** family members  
Received and data entered **6** Family Surveys

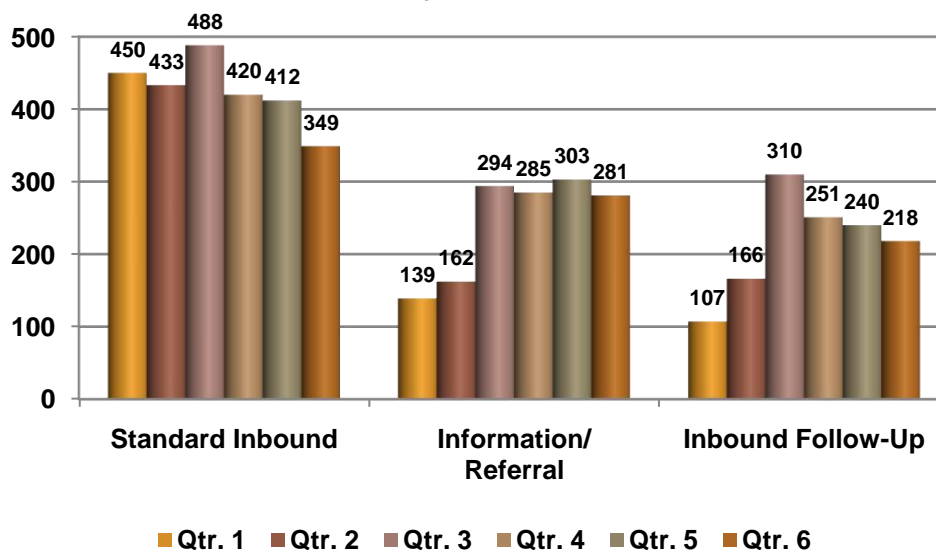
## Clients and Services

### CALLERS TO HELPLINE AND RIGHT TURN

**Helpline:** During the sixth quarter of operation, the Nebraska Family Helpline handled 851 documented calls.<sup>1</sup> Standard inbound calls,<sup>2</sup> i.e., calls in which a family was seeking referral to services (41% or 349 calls), or information and referral calls (33% or 281 calls) together constituted a majority of the calls. Standard inbound calls lasted an average of 33 minutes, while information and referral calls averaged 17 minutes. This difference has remained relatively consistent throughout the evaluation.

Call volume decreased slightly during the sixth quarter, as shown in Figure 1. There was a high of 35 inbound calls received on a single day (including standard inbound call and information and referral calls) and a low of one call received, with the average around 14 calls per day.

**Figure 1.**  
**Documented Inbound Calls Placed to the Helpline by Quarter**



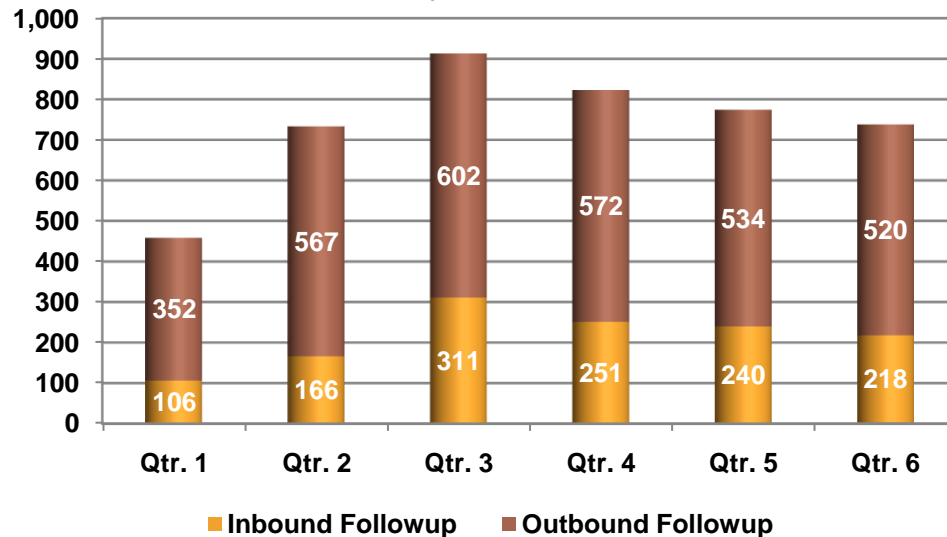
Following up with consumers after the initial Helpline calls continued to be a major component of the support that Helpline counselors provided in the sixth quarter. These calls are initiated by the Helpline to assure that families who have called in the past have had their needs met or to see what more can be done. As demonstrated in Figure 2, outbound follow-up calls have almost doubled since the beginning of the program but have steadily decreased over the past nine months. As a proportion of all calls that the

<sup>1</sup> "Documented calls" excludes hang-ups/wrong numbers (23), inappropriate use of the service (13) and outbound follow-up calls (520). The various call types are defined in the legend that follows Figure 2.

<sup>2</sup> This includes a small number of calls classified by the Helpline as "high risk."

Helpline handles, however, outbound follow-up calls have remained fairly stable across the duration of the project (37% during the current quarter and ranging from 34% to 44% of all calls across all quarters<sup>3</sup>). Inbound consumer follow-up calls (when an individual calls back to update a counselor on a situation or to obtain more support) also decreased slightly in this quarter, but remained high when compared to the first two quarters.

**Figure 2.**  
**Helpline Follow-Up Calls (Inbound and Outbound)**  
**by Quarter**



Legend: Call Types	
<b>Standard Inbound Call</b>	A call that usually results from a precipitating event regarding an individual under the age of 19 in which intervention strategies, resources, and/or parental support are provided. These include “high risk” calls, those that require immediate Helpline intervention.
<b>Information</b>	A call in which someone is looking for a specifically identified resource or information regarding behavioral or mental health issues or Helpline services.
<b>Inbound Follow-up</b>	A consumer/family call to the Helpline to provide or obtain information following a previous call.
<b>Positive Consumer</b>	A call specifically to give positive feedback to the Helpline for the assistance provided on a previous call.

The basic demographics of Helpline callers have remained the same across all quarters. In the sixth quarter, women continued to place the majority of calls to the Helpline (82%), and the median age of callers was 40. The children about whom they were calling were younger during the sixth quarter, with only 47 percent over the age of 14 (compared to 60% previously), and 55 percent were male.

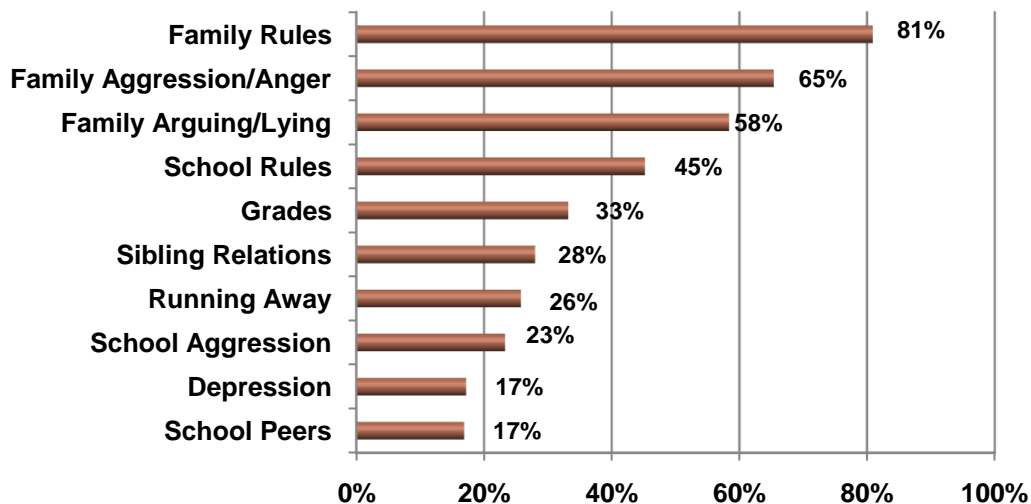
Callers to the Helpline usually cited multiple reasons for their calls. As illustrated in Figure 3, the most frequent reasons during the sixth quarter had to do with family

<sup>3</sup> This excludes hang-ups and calls determined to be an inappropriate use of the service.



relationships, including children not following rules, arguing and lying; and aggression and anger. These reasons have generally remained the same since the inception of the program in January 2010.

**Figure 3.**  
**Ten Most Commonly Cited Reasons**  
**for Calling Helpline**



Legend: Reasons for Calling Helpline	
<b>Family Rules</b>	The identified youth does not follow or agree with the rules (e.g., curfew, bedtime, use of technology, chores) that have been given to him or her.
<b>Family Aggression/Anger</b>	The identified youth behaves in a belligerent, destructive, forceful or violent way which could result in bodily harm to another family member.
<b>Family Arguing/Lying</b>	The identified youth persistently speaks disrespectfully to an authority figure.
<b>School Rules</b>	The identified youth has in the past, or continues to have conflict with an authority figure at school such as a teacher, counselor, coach, or principal.
<b>Grades</b>	The identified youth is not performing to the academic standards the guardian feels he or she is capable of.
<b>Sibling Relations</b>	Siblings in the home have verbal and/or physical altercations or fail to interact with each other in a healthy manner.
<b>Running Away</b>	The identified youth has left the home of his or her parent or legal guardian without permission and his or her whereabouts is unknown.
<b>School Aggression/Anger</b>	The identified youth behaves in a belligerent, destructive, forceful or violent way at school which could result in bodily harm to another student, or staff member.
<b>Depression</b>	The identified youth has described feeling sad, hopeless, worthless, or pessimistic; or the caller feels that the identified child is demonstrating what he or she has identified as signs of depression.
<b>School Peers</b>	The caller is concerned about the identified youth's challenges with peer relations at school (e.g., bullying or social groups).



**Right Turn:** Right Turn’s Access Line received 105 calls in the sixth quarter (see Table 1), which brings the total number of calls received since the start of the program to 821. The majority of the callers (70, or 67%) were referred to Right Turn. Many of the others were seeking information only or were clearly ineligible. Of the 70 referred, 52 were eligible and 50 accepted services. Several of the ineligible families<sup>4</sup> were also assisted, either by a referral to the Helpline or to the Right Turn Director for other types of post adoptive support and referrals. Nine of the families who “accepted” the service had been in the program earlier or were immediately re-enrolled after completing the allotted 90 days of Right Turn service. The counts given here, however, are consistent with those used in previous quarters and show 18 more calls than in the previous quarter and 14 more families accepting services.

<b>Table 1</b> <b>Right Turn Access Line Calls</b> <b>April –June 2011</b>	
<b>Call Types</b>	<b>Number</b>
<b>TOTAL Calls</b>	<b>105</b>
Ineligible/Information	35
Referred to Right Turn	70
Eligible	52
Accepted Services	50

Among those referred to Right Turn, 94 percent were women. Just over two-thirds (69%) were between the ages of 36 and 55 and over three-quarters (87%) were Caucasian. The target children in families enrolling in Right Turn during the sixth quarter were split evenly between females (51%) and males (49%), and 26 percent were between the ages of 14 and 17.

For Right Turn, families tend to cite mental health concerns specifically, rather than strictly behavioral concerns, as the reason for their call. In the sixth quarter, 75 percent of families cited mental health concerns,<sup>5</sup> followed by:

- out of control behaviors (49%),
- school problems (38%),
- aggressive behaviors (37%),
- respite (35%), and
- running away (15%).

These continue to be the same as the reasons provided by families in each of the previous quarters, which suggests that families are facing similar challenges prior to contacting Right Turn. The evaluator’s qualitative case review revealed common concerns in about the same proportions as shown above.

## PEOPLE SERVED

**Family Navigator:** During the sixth quarter there were some slight demographic differences between the overall population calling the Helpline and the population ultimately accepting Family Navigator services. For example, 61 percent of the children

<sup>4</sup> Five of the callers in May were eligible for aftercare services with a lead agency, making them ineligible for Right Turn.

<sup>5</sup> Callers may cite more than one reason for calling so these proportions total more than 100 percent.

about whom Helpline calls were placed were over the age of 14, while 52 percent of Family Navigator referrals were in that age range. The Helpline recorded more male than female children in the sixth quarter (57% and 43% respectively), which was somewhat different than referrals to Family Navigator, where the proportions of male and female children were equal. This represents a change from previous quarters where the children in families referred to Family Navigator were more likely to be older and male. In fact, no children over the age of 18 were referred to the program during this quarter.

The majority of children in families referred to the Family Navigator program continue to be Caucasian (56%), followed by children who are two or more races (16%), African American children (14%) and Hispanic children (11%).

Families who were referred to Family Navigator services cited similar reasons for calling the Helpline as those presented in Figure 3 above. However, the incidence of each reason continues to be much higher. For example, while 81 percent of all Helpline callers in the sixth quarter cited the child not following rules as a challenge, 94 percent of families referred to Family Navigator reported this as a reason for calling. The same pattern is found regarding the child's aggressive behaviors (79% among those referred to Family Navigator, compared to 65% among all Helpline callers). It is also noteworthy that families referred to Family Navigator were more likely to express concerns about school grades (49% compared to 33%) and specifically regarding their child's ADHD/ADD diagnosis (25% compared to 15% among all Helpline callers). In this regard, it appears the Helpline continues to refer the families with more difficult and persistent problems to the Family Navigator Program.

Overall, 642 families have begun services with Family Navigator since the program's inception. Until the most recent quarter the program, which serves families for 45 to 60 days and is limited to eight contact hours, exhibited a steady flow of case openings and closings. Between April and June 2011, 64 new families enrolled in Family Navigator and 143 were served. By the conclusion of the quarter all 143 cases had been closed, leaving no families open to the program. This is due to the change in the program provider noted above. Table 2 on the following page shows the flow of cases into and out of the Family Navigator program during each month, April through June.

Table 2 Family Navigator Case Flow			
	April	May	June
Opened	38	17	9
Closed	45	39	59
Open at End	75	53	0

**Right Turn:** Forty-one new cases were opened during the sixth quarter and nine families re-enrolled in the program. Table 3 shows the flow of cases into and out of the Right Turn program during this quarter. This does not include repeat cases or continuations of cases which had met their time limit.

Table 3 Right Turn Case Flow			
	April	May	June
Opened	19	11	11
Closed	8	17	13
Open at End	54	48	46

During the early phases of the program, Right Turn opened a large number of cases quickly. However, since the fourth and continuing into the most recent quarter, the number of cases open at the end of each month has remained fairly stable at around 150. During the sixth quarter, Right Turn expanded its marketing strategy to reach out to a wider range of families as a general post-adoption resource, one that families can access for advice and support in order to avert a crisis situation down the road. Indeed, both of the families interviewed this quarter reported that they were not looking for any services in particular and had called simply to explore the types of services and supports they could access through the program.

During the sixth quarter, just over half (51%) of the target<sup>6</sup> children in Right Turn cases were female. About one-third of the children for whom Right Turn families sought help were between the ages of 10 and 13 (35%), followed by 14 to 17 year olds (26%) and then 6 to 9 year olds (24%). Unlike previous quarters when Family Navigator was more likely than Right Turn to serve males, both programs split almost evenly between the genders. On the other hand, Family Navigator continued to serve twice the proportion of those 14 to 17, 52 percent compared to 26 percent.

Race continues to be listed as “unknown” in a number of Right Turn cases in the database, representing well over half of the target children (61%) in cases opened during the sixth quarter. Among those children for whom the race is known, Caucasian children represented 54 percent, African American children 14 percent and Multi-Racial 23 percent.

Of the 91 target children for whom an intake questionnaire was completed in the sixth quarter, 42 percent of the parents indicated that the child had a mental health diagnosis. The most frequently cited diagnosis was ADHD/ADD (18%), followed by Reactive Attachment Disorder (10%), Bipolar Disorder (8%), and Fetal Alcohol Syndrome (8%).

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<sup>6</sup> Target children are those about whom the original contact to Right Turn was made and who are considered when determining eligibility.

## Fidelity: Compliance with Program Requirements

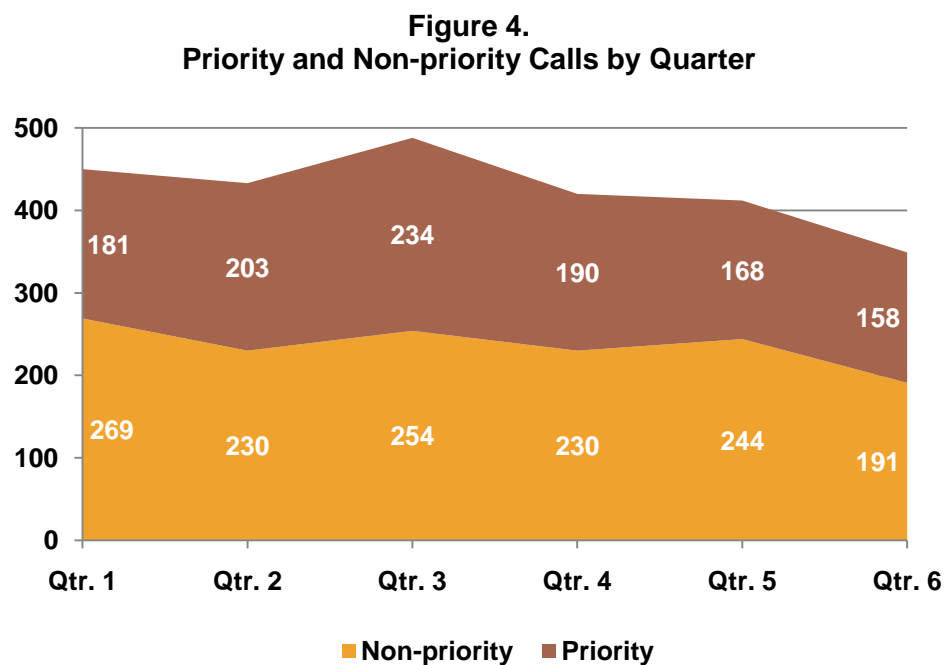
### NEBRASKA FAMILY HELPLINE

The three program requirements for which fidelity is measured for the Nebraska Family Helpline include whether the Helpline counselors:

- identify immediate safety concerns and other high priority situations,
- appropriately identify eligible callers for referral to either Family Navigator or Right Turn, and
- identify the need for and refer to other appropriate services.

High priority cases include those involving emergencies, callers in crisis, safety concerns and situations deemed by the counselor to be high risk. Only a tiny proportion of the calls present genuine safety concerns or high risk situations. Most high priority calls are classified that way because the counselor has determined the caller to be in a crisis.

Figure 4 illustrates the number of standard inbound calls received by the Helpline per quarter by the priority status.<sup>7</sup>

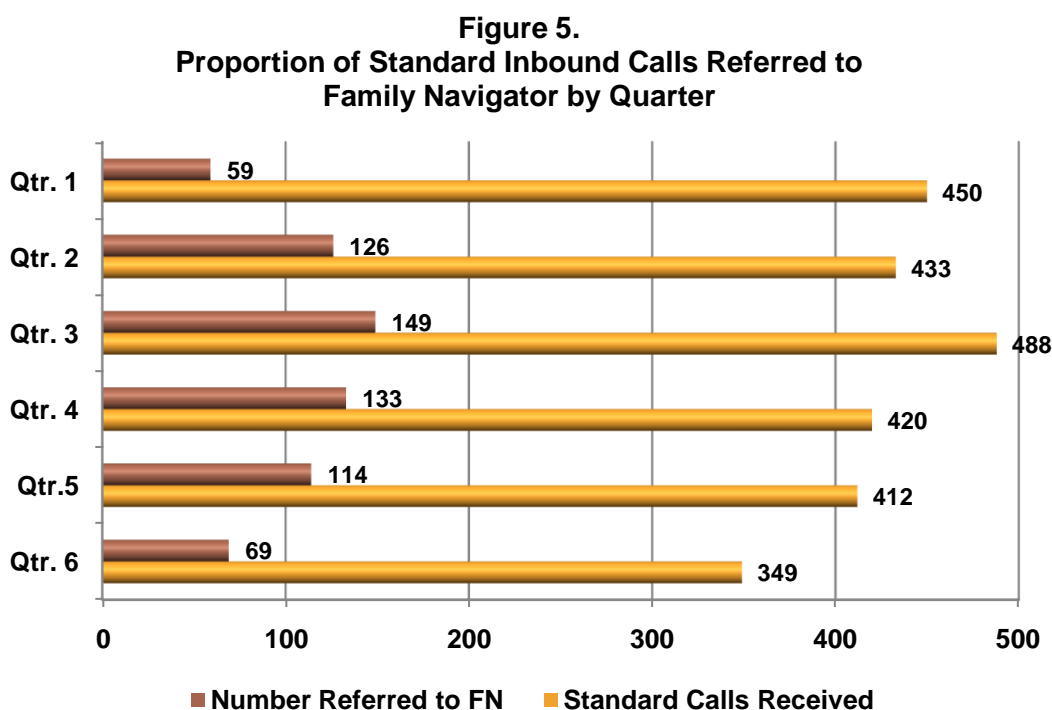


The sixth quarter saw the lowest total number of standard inbound calls since the program's inception, continuing a downward trend that started in the fourth quarter. Of those standard calls received, 158 (45%) were designated as high priority (meaning the

<sup>7</sup> In each quarter a small handful of information and referral calls and follow-up calls (both inbound and outbound) were designated as "high priority" calls by Helpline counselors; those are not reflected here.

counselor believed there was a safety concern, a risk situation or a crisis), up slightly from 41 percent in the fifth quarter. This differs from the first three quarters of the project which saw an increase in the percentage of cases considered to be high priority. Across all quarters, however, the proportion of high priority calls remains within the range of 40 to 50 percent of all standard inbound calls.

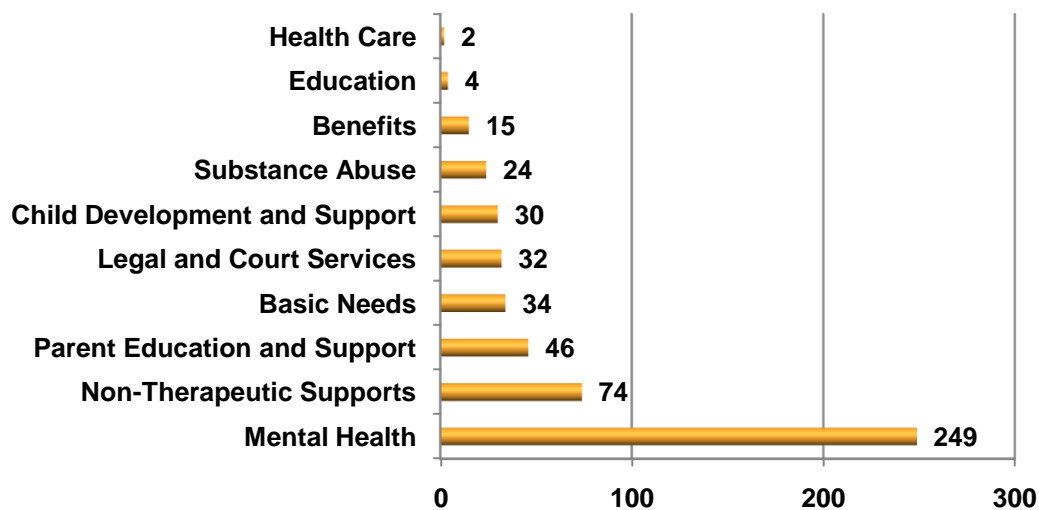
The number of referrals made to Family Navigator also decreased during the sixth quarter. As illustrated in Figure 5, the current period saw the lowest referral rate since the program's inception with 69 referrals made to Family Navigator out of 349 standard inbound calls. However, these findings must be viewed in the context of the program's transition. By early June the transition plan between the Helpline and the new Family Navigator provider had not been finalized. In the absence of a plan, the Helpline determined that the best course of action was to stop making referrals to the program so that open families could be served and closed. This also avoided the challenge posed by having to transition recently opened families to a new provider mid-way through service delivery. This decision accounts for the marked decrease in Family Navigator referrals during the quarter.



When the Helpline does not refer the case to Family Navigator, it frequently recommends other services to the caller. In the sixth quarter, the Helpline referred eleven families to Right Turn. Helpline counselors also made 1,703 service recommendations to 440 families (including those who called specifically for information and referral and families who called as a follow-up or were called by the Helpline as a follow-up). In most cases, the Helpline provides a caller with multiple recommendations for the same type of service to ensure that the caller has a range of options from which to choose. Those who received recommendations got, on average, between four and

five recommendations per family, although the number per family ranged from one to 28. Figure 6 shows the most frequent service type recommendations made by the Helpline counselors during the sixth quarter, excluding referrals to multiple providers for the same type of service. Mental health services of a variety of types represented by far the most likely service category to which the Helpline referred families during the sixth quarter (249).

**Figure 6.**  
**Most Frequent Recommendations**  
**Made by Helpline (Quarter 6)**



Legend: Recommendation Types	
<b>Mental Health</b>	Services that provide for mental health needs of individuals and families. Includes evaluation/assessment, community based programs, long and short-term out-of-home residential programs, hospital/crisis mental health services and psychiatric services.
<b>Non-Therapeutic Supports</b>	Programs that offer various supportive services to a family during their current crisis. Such services do not offer a clinical or therapeutic component, but attempt to support the family while they dealing with non-specific crisis situations (e.g., respite care).
<b>Basic Needs</b>	Programs for families that seek to meet the basic needs of housing, food assistance, clothing, fuel/utilities assistance and employment/training programs.
<b>Parent Education and Support</b>	Programs for parents, guardians and caregivers that offer support groups, parenting classes and specialized parent training. This also includes referrals for child care.
<b>Substance Abuse</b>	Programs that provide preventive, diagnostic, outpatient, inpatient, residential treatment services and transitional support to address physical and/or psychological use/abuse of any addictive substance.
<b>Benefits</b>	Programs to assist families in accessing health care benefits and financial assistance (i.e. ACCESS Nebraska, SSI/SSDI).
<b>Legal and Court Services</b>	Services for legal aid for those seeking answers to legal questions or seeking representation.
<b>Child Development and Support</b>	Programs for children that are not treatment-focused, but offer guided assistance and/or structured social activities, including camps, leisure/recreation activities or mentoring.
<b>Education</b>	Programs within the context of the formal educational system, including services offered in addition to the traditional school curriculum. These include individualized or specialized instruction to meet the needs and interests of learners.
<b>Health Care</b>	Services that provide for the physical needs of individuals, including, but not limited to, primary health care services, specialized health needs and dental care.

Looking more specifically at mental health services, the Helpline referred families most frequently for Community Based Outpatient services (57%), followed by Residential Treatment (28%), Evaluation/Assessment/Diagnostic services (7%) and Hospital/Crisis services (5%). Although the referrals to residential treatment services were among the most common referrals made, Helpline counselors rarely recommended that families pursue residential treatment as the only solution. When families call the Helpline specifically looking for information on residential treatment, counselors provide the caller with the requested information while also suggesting less intense service options. During the calls to which HZA listened, Helpline counselors continued to provide information about residential services as requested in conjunction with information for community based outpatient services.

## **FAMILY NAVIGATOR**

The Family Navigator program is designed to help families navigate the behavioral health system through peer support and referrals to both formal and informal supports and services. Contact is to be made with the family within 24 to 72 hours of the initial phone call and the first face-to-face meeting is to occur within 72 hours. Moreover, the services are supposed to last no more than 60 days and generally are to involve no more than eight hours of contact between the Family Navigator and family members. The RFP for the program also specified that an important role of the Family Navigator is to “assist youth and/or family in the development of a safety plan.”

During the sixth quarter, Family Navigators continued to make the first contact within 24 hours of the Helpline call (90 percent of the referred cases), and in nearly one-quarter of the cases, contact was made within four hours. The response rates for Family Navigator have remained stable since the third quarter.

The timeliness of the first face-to-face meeting with the family, however, regressed in the current quarter. Family Navigators met with their assigned families within 72 hours in 39 percent of the cases (compared to 42 percent in the previous quarter) and 54 percent of families had a face-to-face meeting within five days of being referred. This delayed response time may be attributed to the fact that some staff left the program when it became clear that it was not going to continue with the current provider, leaving those who remained to pick up the burden.

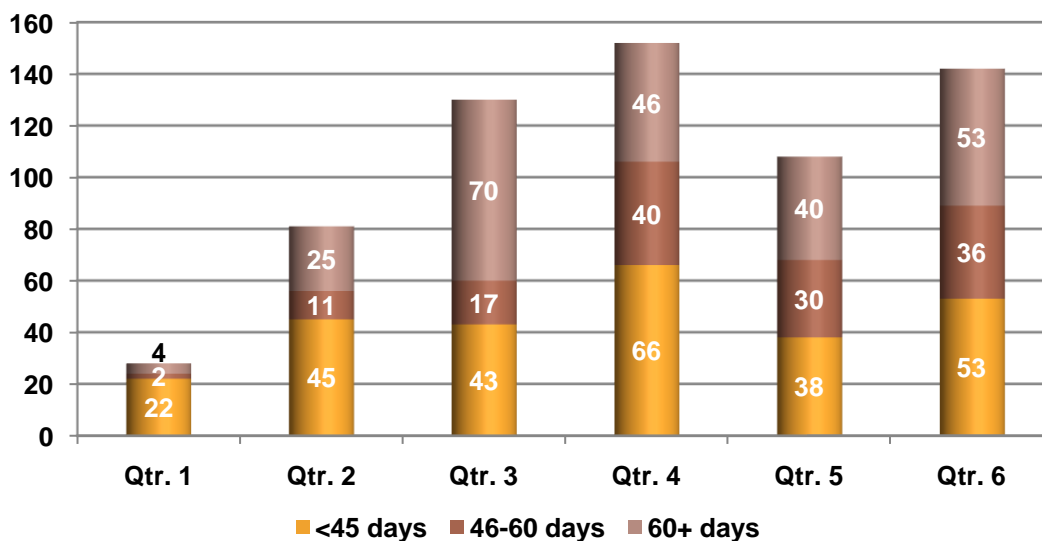
Moreover, in every quarter, more than one-quarter of the families referred had no face-to-face contact at all and this rate increased slightly in the sixth quarter to 26 percent from 23 percent. HZA’s case review continues to show that Navigators make multiple attempts to contact all referred families but experience varying levels of success. Some families never respond to the initial contact, some decline the service after the initial conversation and others take weeks to respond to the Navigators’ attempts. If one excludes the 18 cases in the sixth quarter in which contact never materialized, the percentage of families with whom a first meeting was held within 72 hours climbs to 52 percent, and close to three-quarters had a meeting within five days. Conversely, this means that 27 percent of families had the first meeting almost a week after calling the Helpline and being referred to the Family Navigator program.



Family Navigator service is designed to last for 45 to 60 days and encompass approximately eight contact hours. In most cases, the contact hours between the Family Navigator and the family total less than eight hours over the duration of program involvement. Among the cases that closed in the sixth quarter, 24 did not receive a face-to-face contact. Of the remaining cases, all but two closed within the 8 hour limit on total contact hours.<sup>8</sup> Of the two that went over, both were closed within 9 contact hours. Also of note, both of these cases involved children between the ages of 14 and 17 years old. This is consistent with the findings from the previous quarter that the average time spent on a case is higher for cases involving children in this age group.

The situation differs in relation to the 45 to 60 day duration criterion. In the most recent quarter, 37 percent of the cases closed before 45 days had elapsed and 37 percent closed more than 60 days after initiation of services. Figure 7 shows the length of time cases remained open for each quarter.

**Figure 7.**  
**Number of Cases Closed Each Quarter,**  
**by Duration of Service**



The above figure represents the duration of cases closed during the quarter using the referral date as the family's start date with the program. Given the delayed start for some of the cases, it is also reasonable to calculate duration using the first face-to-face contact with the family as the start date of the case. However, this changes the percentages only slightly. Of the 118<sup>9</sup> cases, the percentage that closed within 45 days of the first face-to-face contact is 39 percent. Similarly 30 percent of the cases closed between 45 and 60 days when using the alternate start date and 31 percent remain open for more than 60 days, compared to 37 percent when using the enrollment date.

<sup>8</sup> This excludes telephone, written and attempted contacts.

<sup>9</sup> 2 rural cases that received a considerable level of service never had a face to face contact.

As previously stated, one important role of the Family Navigator specified in the RFP is to help the family develop a safety plan. During the sixth quarter, 23 of the 37 cases reviewed (62%) contained a safety plan, a much higher proportion than has been found in any of the previous quarters<sup>10</sup>. Last quarter, for example, 16 percent of the cases contained a safety plan. According to the program director, safety plans were presented as a “prevention” measure during Family Navigator trainings and supervision this quarter. Moreover, supervisors took greater efforts to ensure that this step was being completed and documented.

The most frequent reason cited for the safety plan during the current quarter was arguing, yelling and cursing, followed by impulsive behaviors and lying or sneaking around. Previously, violence and aggression had been the primary reasons cited for the plan. The change this quarter likely reflects the broader range of families and situations being covered by safety plans and the increased emphasis on the plans as a tool for crisis prevention.

## **RIGHT TURN**

Right Turn’s Access Line is supposed to keep callers on hold or in the cue for no more than 100 seconds and to have no more than five percent of the calls abandoned. From the time the family self refers to Right Turn and has been deemed eligible, case management is to begin immediately for crisis cases and within 72 hours for non-crisis cases. The RFP, however, does not specifically define what it means to begin case management services.

Both Right Turn and HZA rely on KVC Behavioral Health, the firm which operates the Access Line, for statistics as to its operation. Based on that information, the standard of having no callers on hold or in the cue for more than 100 seconds is being met in all cases. Moreover, it appears that the average hold times continued to decrease during the sixth quarter after, averaging 12.8 seconds in April, 13.3 seconds in May and 11.8 seconds in June.

Over the first nine months of the contract, nine percent of the calls were abandoned, (nearly double the standard that was set for the call center). This figure fell in the fourth quarter to 4 percent and then to 2.8 percent in the fifth. The decline continued in the sixth quarter, with only two calls out of 105 reported as lost (1.9%), well within the established standard.

In the sixth quarter, Right Turn made contact with 88 percent of the families within 24 hours of the call to the Access Line. In 20 cases (48%) Right Turn completed a face to face contact within 72 hours. Compared to all cases to date, the rate of contact within 24 hours is slightly lower (90% for all cases) while the rate of face to face contact within 72 hours is the same (48% for all cases).

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<sup>10</sup>

In terms of the 90-day timeframe for Right Turn services, during the sixth quarter, 37 percent of the cases closed within 90 days and 87 percent were closed within 95 days. Including all cases that have opened since Right Turn began, 30 percent were closed within the 90 day time limit and about three quarters of all cases (74%) were closed within 95 days. Cases that cited School Refusal and School Problems were least likely to close within the 90-day timeframe.

The apparent improvements may be a result of an easing of the limitation. In response to families and staff who felt that in some cases families need additional support, Right Turn staff can now request that a family receive a second 90 days of support if the family situation meets established criteria. Permanency Support Specialists submit formal requests to supervisory and clinical staff who review the case and approve (or deny) the extension. This makes for a seamless process for families and encourages more prompt case closures. In the sixth quarter, nine families who enrolled in Right Turn had been previously involved with the program, some of which represented continuations of service.<sup>11</sup> This is slightly more than in the fifth quarter, when seven families re-enrolled. It appears this change has resulted in higher satisfaction with the program. All of this quarter's responses to the Family Survey indicated that the amount of time received from Right Turn was sufficient.

## **FIDELITY SUMMARY**

During the sixth quarter, all three programs continued to conform generally to the specified models. They provide short term assistance to families in crisis, helping them find the appropriate services to stabilize or improve family functioning, preferably without having one or more of the children placed out of the home.

Both Family Navigator and Right Turn do quite well in terms of reaching out to families within 72 hours and this has been consistent across all quarters. The largest fidelity issue relates to the timeliness of the first meeting (not the first contact) with families in both programs. In this area, however, both programs continued to demonstrate modest improvements that began in the fifth quarter. While the goal of completing a face-to-face meeting quickly is ideal, it appears to be unrealistic for some families given their personal circumstances.

The question about the duration of the services has been addressed by Right Turn by permitting, with state consent, a portion of families to reopen for a second 90-day period. Nine families availed themselves of this privilege during the current quarter. About a third of the Family Navigator cases exceeded the 60-day guidance although in most cases not the number of contact hours. The feedback from families on this topic is mixed. Respondents to the Family Survey overwhelmingly felt the time was about right (96% for Family Navigator and 84% for Right Turn). When asked in person, however, family members from both programs have often stated that they wish the timeframe for the program could be longer.

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<sup>11</sup> This means that the family continued the service through the new process without re-contacting the Access Line.

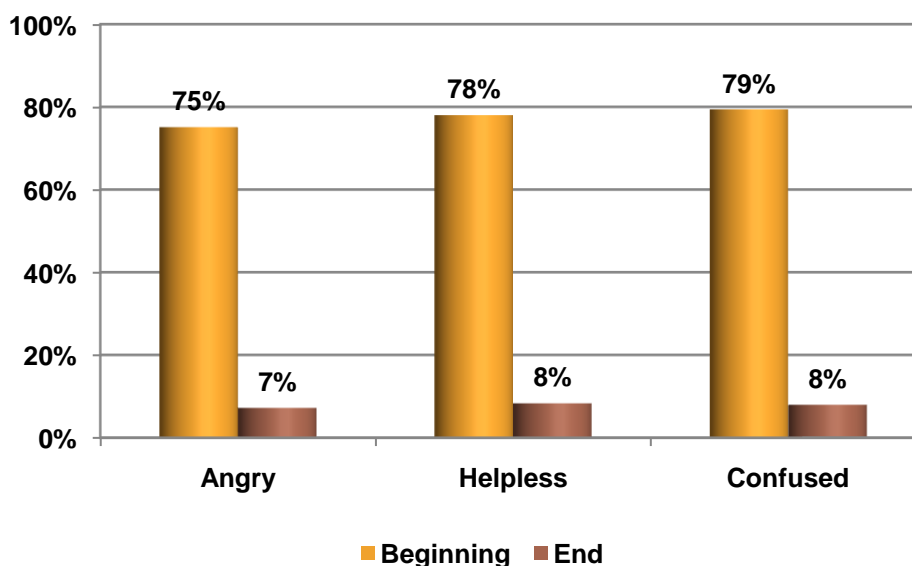
## Effectiveness: Service Referral and Provision

### NEBRASKA FAMILY HELPLINE

The primary aim of the Helpline is “to reduce the crisis state of the caller from the presenting level at the start of the call, identify immediate safety concerns, and provide recommendations and/or referrals for an appropriate course of action.” Effectiveness therefore entails making appropriate service recommendations to families and helping them diffuse the problem situations which prompted the call. In some cases that will result in a recommendation to Family Navigator, but for most callers other kinds of service recommendations are sufficient.

Based on the calls HZA audited in the sixth quarter, the overwhelming majority of callers (92%) appeared to accept the service recommendations suggested by Helpline counselors and counselors continued to refer families with more challenging needs to the Family Navigator program. Moreover, the program’s emphasis on mental health concerns remains strong. In the sixth quarter, counselors indicated they were concerned for the caller’s emotional state in 83 percent of the calls. Figure 8 shows that callers are in an improved state of mind by the end of the call according to counselor reports.<sup>12</sup> For example, counselors reported that 79 percent of callers felt confused at the beginning of the call, compared to only 8 percent at the end.

**Figure 8.**  
**Caller's State at Beginning and End of Call**



The evaluation has been monitoring two other elements of effectiveness. The first is the rate of repeat calls. Generally, the proportion of repeat calls is very low and the Helpline

<sup>12</sup> This includes standard inbound calls only.

is able to resolve a family's issues with the first call. During the first year of the project, only four percent of all families who called the Helpline made one or more repeat calls. This trend continued in the sixth quarter with only 19 families placing more than one call to the Helpline, some of which were for information and referral.<sup>13</sup> Some callers use the Helpline as a source of ongoing support which may account for some repeat calls.

The second has to do with how counselors obtain information about the strengths and stressors. The sixth quarter call review continues to suggest that counselors record their impressions about the strength and stressors that callers choose to disclose, as opposed to screening callers for all potential strengths and stressors. Reviewers found that information on family strengths and stressors was directly collected by counselors during nine of the calls (14 percent) that were reviewed. The data from the Helpline, however, shows that counselors recorded information about strengths and stressors<sup>14</sup> in the database for the majority of standard inbound calls.

This is important on two counts. First, more direct screening could help counselors to explore these areas with callers and thereby gain a better understanding of the situation. Second, Family Navigators rely on the information provided by the Helpline when preparing to meet with a family for the first time. During the coming months this issue may become more critical given the new service delivery structure where the relationship between the Helpline and Family Navigator programs will be less direct and ongoing in terms of information sharing. One way to address this concern would be to develop a protocol and information summary for counselors to use when they refer a family to the Family Navigator program specifically.

## **FAMILY NAVIGATOR**

For Family Navigator services to be effective, the Navigators must identify the families' strengths and needs, match the service plans to those strengths and needs and help families obtain the services in the plans. Of the cases reviewed this quarter, one did not contain a family plan because the family closed its case after the first face-to-face visit with the Navigator, three others had "no records available," and 21 had not yet responded to the Family Navigator (five of these had been open for less than one week at the time of review). The remaining 37 cases had plans.

Family plans usually contain more than one objective. While just over one-third of the cases reviewed (35%) contained specific objectives that were unique to the family, 43 percent included an objective of accessing the appropriate services. Thirty-five percent of the cases wanted to obtain a mental health assessment or evaluation and 24 percent indicated that they wanted to locate activities for the child including after school activities, summer camps and weekend activities. Improving the child's behaviors and

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<sup>13</sup> Some families may have called in a prior quarter.

<sup>14</sup> Strengths and stressors include such things as the child's history of depression, abuse, suicide, school behavior, and negative peers as well as some parental characteristics. Each item is deemed to be a strength, a stressor or neither.

improving the child's school performance were also commonly listed objectives at 22 percent each.

There continued to be some variation by age group. In family plans created for children between the ages of ten and 13, half wanted access to appropriate services and 25 percent had the objective of obtaining a mental health diagnosis. This differs among plans for children ages 14 to 17, where 40 percent listed the objective of accessing the appropriate services and 40 percent wanted to obtain a mental health diagnosis. Just over one quarter of the cases with children 14 to 17 had a goal of improving behaviors, while none of the cases with children ten to 13. Among the cases with children between the ages of six and nine, the most common goal was to improve family communication and relationships.

As part of the case plan process, families are asked to identify the strengths and stressors affecting them. Two strengths continue to be seen in almost half of the cases reviewed: that the child has positive qualities (65%) such as being good with people, caring about others, having interests or showing talent in things such as art or music, and that the child is a hard worker (54%). In 40 percent of the cases, plans indicate that the family is supportive and 32 percent listed the family's openness to receiving help for their child as a strength. Finally, the family's strong family attachments and their willingness to advocate for their child were listed in 19 percent of the cases reviewed. These strengths are slightly different than those identified among the cases reviewed in the previous quarter. For example, last quarter fewer families reported that the child worked hard and more families identified their network of informal supports as a strength.

Overall, the stressors listed this quarter were similar to those seen in the past. The child's attitude was the most common stressor listed by families (41%), followed by the child's refusal to follow rules and the child's aggressive behavior, each listed in 38 percent of the cases. Issues with family dynamics were cited in 32 percent of the cases and a handful mentioned substance use by either the child or the parent (14%).

Each case plan also contains strategies for the family to achieve the goal of navigating to needed services and/or supports. By far, the most common strategies identified were related to obtaining mental health services (87%) and getting involved with support groups and mentoring programs (43%). The next most frequently cited strategies – each at 30 percent – were to access the Professional Partners Program and for the Navigator to provide coping skills for the family. This differs somewhat from the previous quarter, with a higher proportion of strategies related to mental health and fewer relating to academics and school.

More than half of the plans (54%) had updates or adjustments made to the original plan, all of which appeared to be appropriate in terms of helping the family to meet its objectives. In 35 percent of the cases, the Family Navigator had located resources for the family. The family had contacted the provider and was at least on a waiting list in 30 percent of the cases. The same percentage indicated that the family had actually accessed the service.

According to the Family Survey, the primary things families were seeking from Family Navigator included:

- 1) help with the child's behavior or mental health needs (84%),
- 2) help for the family's well-being due to the child's behavior or condition (66%),
- 3) help getting the child counseling, group therapy or day treatment (51%), and
- 4) help with the child's education (22%).

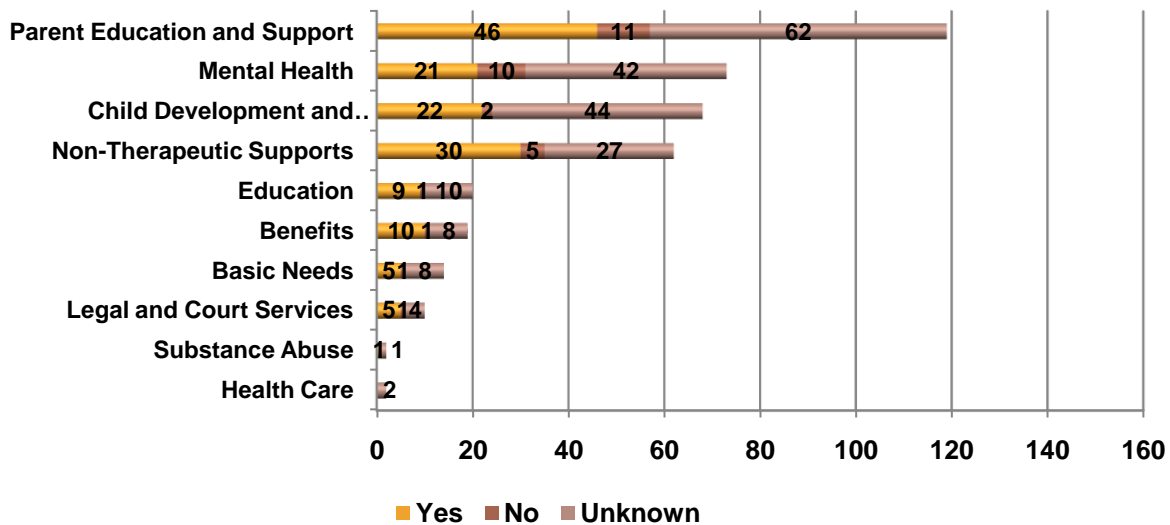
Overall, 83 percent of the responding families have reported in the Family Survey that they got what they wanted, attesting to the overall effectiveness of Family Navigator. Conversely, 17 percent reported that they did not obtain the services they were seeking. In interviews conducted during the sixth quarter, some parents indicated that the services their Family Navigator suggested were the same services the family had already accessed or tried to access previously.

To help families access appropriate services, Family Navigators made 506 referrals during the sixth quarter, 389 of which were unique, meaning they did not include multiple providers of the same service. Figure 9 on the following page shows the types of unique services to which Family Navigators most frequently referred families during the sixth quarter, as well as whether the family used the referral. Families most frequently received referrals to parent education and supports (119 referrals), mental health services (73 referrals), child development and support (68) and non-therapeutic supports (62).

The proportion of referrals that are known to be used, however, is somewhat different. For example, 46 referrals (39%) to parent education and support were used and only 21 referrals (29%) to mental health services were known to be used. Referrals to non-therapeutic supports had one of the higher utilization rates, at 48 percent (30 referrals). Although few families received referrals for benefits (19) and legal services (10), those had some of the highest utilization rates in the sixth quarter, at 53 percent and 50 percent, respectively. In general, the known utilization rates appear to have decreased during the sixth quarter; for example, the referral rate for mental health services was 37 percent previously. This can likely be attributed to the closure of all the open Family Navigator cases due to the transition, leaving no means of determining whether the services were utilized.

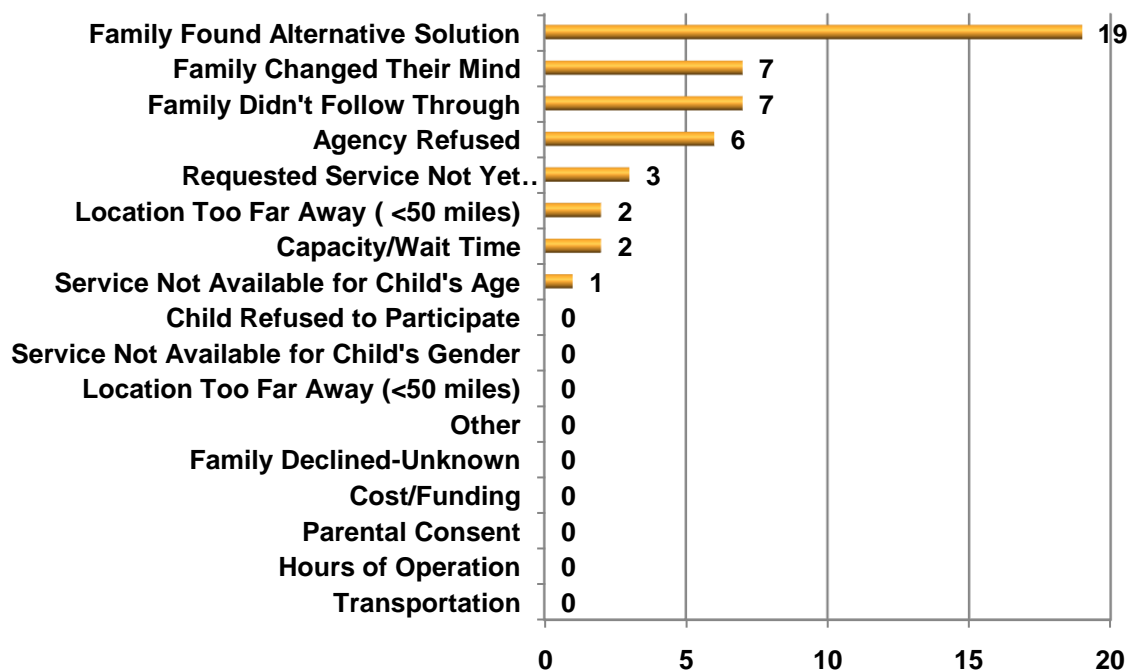


**Figure 9.**  
**Referrals Made and Whether Used by Family**



In only 47 instances during the sixth quarter was the reason that a family did not use a service referral recorded in the database. The primary reasons listed were that the family found alternative solutions (19), the family changed its mind (7) and the family did not follow through (7). Agency refusal was listed six times and that the service was not yet warranted was cited three times. Figure 10 illustrates this point.

**Figure 10.**  
**Frequency of Reasons For Not Using Services**



HZA's review of family plans showed barriers to accessing services listed in only a handful (7 out of 37) of the plans. Of these, two indicated that the family disengaged and two others listed a lack of agency response as a barrier. Agency capacity, transportation and cost were each listed once. In interviews conducted with Family Navigator staff during the previous quarter, waiting lists had been cited most often as a barrier for families trying to access services followed by the proximity of services to the family.

Barriers were also discussed during the family interviews conducted this quarter. Four parents expressed frustration at the lack of resources available. Despite having received several referrals from their navigator, families were placed on waiting lists. One parent stated, "She gave me a lot of resources but they weren't available. They...had months of waiting lists. He was struggling, needing something right away. I talked to his pediatrician and got him something through that route." Another indicated that although the Family Navigator gave her several referrals for counselors, most of them were based in Lincoln about an hour from where the family lives.

There were some differences in service utilization rates based on insurance type in the sixth quarter. Overall, 44 percent of referrals to families with private insurance were used, compared to 35 percent among those with Medicaid. Similarly, the reasons families did not use services also differed between the two groups. At 14 percent, "agency refused" was a reason more often provided for those with Medicaid (5 families out of 35), compared to only one family that had private insurance (out of 10). Families with private insurance were also more likely to be reported as declining a referral or not following through.

Table 4 shows some other notable differences between the two groups (Medicaid versus private insurance) in terms of satisfaction with the program as reported in the Family Survey. The table encompasses all Family Survey responses received to date.

<b>Table. 4</b> <b>Self Reported Results of Family Navigator</b> <b>by Insurance Type</b>		
	Private Insurance Client Agrees	Medicaid Client Agrees
The Family Navigator shared helpful experiences with the mental health system.	81%	95%
We got as much help as we needed from the service providers.	77%	90%
The Family Navigator knew how to access services.	83%	95%
The Family Navigator knew what was available.	83%	95%
We got as much help as we needed from the Family Navigator.	85%	91%

For example, 81 percent of those with private insurance felt that the Family Navigator shared helpful experiences with the mental health system, compared to 95 percent among those with Medicaid. Similarly, 23 percent of respondents to the Family Survey with private insurance reported that the Family Navigator did not connect them with the

service providers they were seeking, compared to only 10 percent among those with Medicaid. Taken all together, it appears that families with private insurance are less satisfied with the Family Navigator program when it comes to accessing services in the behavioral health system.

## **RIGHT TURN**

As with Family Navigator, Right Turn's Permanency Support Specialists work with families to identify their strengths and needs, develop plans jointly with the families to match those strengths and needs and help the families obtain the services called for in those plans to the extent possible. As part of the case planning process, families are asked to identify what they perceive to be their strengths as well as to verbalize their "vision" for themselves.

Of the 25 cases that were reviewed this quarter, all had identified strengths and needs listed in the Right Turn database. By far, the most commonly identified strengths were that the family was supportive, protective, caring and loving (seen in 22 of the 25 cases, or 88%) and that the family was open to receiving help (60%). Just over half (52%) of the families identified their strong family attachments as a strength. In this context, strong attachments and bonds refer to families who spend time together, who advocate for each other or who have a long history together (i.e., the child was adopted at birth or infancy). The family's resourcefulness, determination and resiliency were also listed as strengths in 40 percent of the cases. This is generally the same as previous quarters although there were some notable differences. For example, 32 percent of the cases reviewed in the previous quarter listed the family's network of informal supports as a strength, compared to only 20 percent this quarter. Similarly, last quarter 28 percent listed the family's good communication as a strength, something that was not listed for any families this quarter.

As part of the casework process families are asked to verbalize their "vision" for their family. The most commonly cited vision included managing the child's behavioral issues (52%), including violent outbursts and self-harming behaviors, for example. The next most common, each seen in 48 percent of the cases, were to improve the family's relationships, to keep the family intact and to maintain stability in the home. These were by far the most frequently cited visions for families and are consistent with those identified in previous quarters.

The most common family goal was to obtain a mental health diagnosis, assessment or treatment which was seen among 44 percent of the cases reviewed. Improving the child's behaviors was the next most common goal, seen among 36 percent of the cases, followed by engaging the child in extracurricular activities (28%). The goals generally relate to the most frequent reasons families cited for accessing service – Requesting Resource Information, Requesting Support or Assistance and Mental Health Concerns.

There was some variation when goals were examined by age group, however. For example, 57 percent of the cases with children between the ages of six and nine listed a goal of obtaining a mental health diagnosis, assessment or treatment, compared to 43 percent among cases with children ages ten and 13 and 44 percent among cases with children ages 14 to 17. Similarly, while improving behaviors was a goal for 57 percent of the cases with children ages six to nine and children ages ten to 13, only one of the nine cases with a child between the ages of 14 and 17 listed this as a goal.

Of the 19 cases that cited Mental Health Concerns as a reason for accessing services, just over half (53%) listed obtaining a mental health diagnosis, assessment or treatment as a goal. Eight of the 19 cases (42%) also cited improving the child's behaviors.

Numerous strategies were identified for each case to assist the family in achieving the identified goals. Identifying mental health resources, attending individual or family counseling and the Permanency Support Specialist providing educational materials to the parents were all listed as strategies in 38 percent of the cases. Obtaining a mental health evaluation, increasing family communication and improving family relationships as well as participating in mentoring or support groups were each identified as strategies in one third of the cases.

This quarter, the evaluation assessed the appropriateness of the strategies in relation to the goals set by the family. Overall, the review determined that the strategies were appropriate in terms of assisting the families in achieving their selected goals. For example, among 11 cases with a goal of obtaining a mental health diagnosis, assessment or treatment, eight (73%) had strategies of identifying a mental health resources, while 63 percent had a strategy of obtaining a mental health evaluation. Attending family or individual counseling and the Permanency Support Specialist providing service referrals were each listed as a strategy in just over half the cases (55%).

To help families achieve their goals, Right Turn staff made 165 service referrals related to the 25 cases reviewed during the sixth quarter. Most of those referrals were for parent education and support (39%) followed by mental health services (22%) and child development and support (16%). Overall, Right Turn staff made 277 referrals to all families during the sixth quarter, approximately the same number as in the previous quarter. As shown in Figure 12, the most commonly referred service was parent education and peer support (99) and about half (48) utilized the referral. The anticipated emphasis on this service was a key motivator in the development of the partnership between Right Turn and the Nebraska Foster and Adoptive Parent Association (NFAPA).

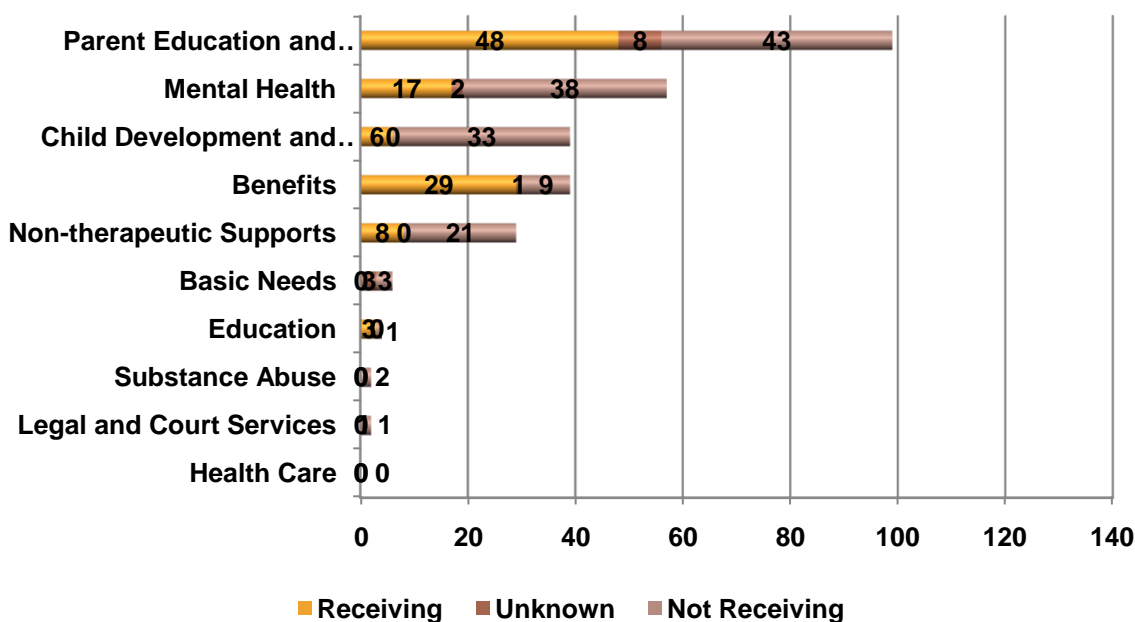
Parent education and peer support were followed in frequency by mental health services (57), child development and support (39), benefits (39) and non-therapeutic supports (29).<sup>15</sup> However, among all the referrals made during the quarter, fewer than half (111) were being utilized. The most utilized referrals were for parent education and

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<sup>15</sup> The service definitions provided in the previous legend for Family Navigator apply here as well.

support (48), followed by benefits (29), mental health (17) and non-therapeutic supports (8).

**Figure 12.**  
**Right Turn Referrals Made by Whether Used by Family**



The reasons families did not use some of the referrals were reported in the database only 15 times in the sixth quarter. The most frequently cited reason was family refusal (5), followed by agency refusal (4). Although the numbers are small, this is consistent with previous findings.

While the number of surveys received from families who have completed Right Turn services is relatively small, a total of 52 through the end of the sixth quarter, most people generally reported getting what they wanted. However, 28 percent indicated that there were still services they wanted but could not get, citing respite care (3) and residential care (2) most commonly. Three comments cited approval through Magellan as the primary barrier; two additional parents indicated that approval through Magellan had been a challenge before their involvement with Right Turn.

Overwhelmingly, families continue to appear satisfied with Right Turn as reported on the Family Survey and shown in Table 5 below. Both families interviewed this quarter reported that their Permanency Support Specialist had exceeded their expectations. However, only 75 percent of families on the survey indicated that they got as much help as they needed from the service providers to which they were referred by Right Turn, meaning one-fourth did not. This has remained relatively unchanged throughout the project.

<b>Table 5.</b> <b>Right Turn Consumer Satisfaction</b>	
The Right Turn Specialist was sensitive to our cultural and religious beliefs.	100%
The Right Turn Specialist spoke to us in a way we understood.	100%
The Right Turn Specialist treated us with respect.	98%
Right Turn services were timely.	96%
The Right Turn Specialist understood our issues.	96%
The Right Turn Specialist us to use and build upon our family strengths.	93%
The number of contacts made during that period was about right.	92%
The Right Turn Specialist knew what was available.	92%
The Right Turn Specialist knew how to access services.	90%
We got as much help as we needed from the Right Turn Specialist.	86%
The Right Turn Specialist shared helpful experiences with the adoption or guardianship.	84%
The length of time he or she was available to our family was about right.	84%
We got as much help as we needed from the service providers.	75%

Virtually all children adopted from the public child welfare system have access to Medicaid. However, families with private insurance may never get to the Medicaid coverage since they are required to use their other insurance first. For most of the measures contained in Table 5, there were negligible differences between the two groups. However, many more respondents who identified their primary insurance as Medicaid were negative than were privately insured families when rating the more concrete results of Right Turn. These differences are illustrated in Table 6, which compares the responses of Right Turn consumers with private insurance to those with Medicaid, reflecting all Parent Survey responses received to date.

**Table 6.**  
**Self Reported Results of Right Turn**  
**by Insurance Type**

	<b>Private Insurance Client Agrees</b>	<b>Medicaid Client Agrees</b>
We got as much help as we needed from the Right Turn Specialist.	89%	83%
We got as much help as we needed from the service providers.	81%	67%
I feel our family can remain intact without placing my child somewhere else.	86%	71%
I have a better idea of where to get help.	88%	69%
I have a better understanding of my child's needs.	91%	85%
I have a better understanding of my child's diagnosis.	85%	62%
I have a better understanding of adoption issues.	86%	67%
I have more informal support.	92%	87%

People with private insurance were more likely to report that they had a better understanding of their child's diagnosis (85% compared to 62%), a better idea of where to get help (88% compared to 69%) and a better understanding of adoption issues (86% compared to 67%). Those with private insurance were also more likely to report that they felt the family could remain intact (86% compared to 71%) and that they had a better understanding of their child's needs (91% compared to 85%). Also noteworthy is that Medicaid clients continued to be less likely to think that they got as much help as they needed from the service providers, 67 percent compared to 81 percent among those with private insurance. Although the exact proportions have varied somewhat from quarter to quarter, these differences have persisted since the program's inception.

## **EFFECTIVENESS SUMMARY**

The sixth quarter continued to demonstrate that the majority of families who approach the Helpline, Family Navigator or Right Turn programs get connected to the services and supports that they were seeking. In this regard, the programs should be viewed as highly effective for most of the people being served. However, some families have expressed dissatisfaction in not being able to obtain the services they wanted. Case records, family surveys and family interviews suggest that the primary barriers to services involve accessibility, including simply availability of the service, waiting lists, and the distance one must travel to access the service.

The Helpline counselors continue to record their impressions about strengths and stressors, rather than screening callers specifically for certain risk and protective factors. However, the Helpline record is the only information that Family Navigators have before meeting with a family, and the two programs will not be as strongly linked in the future. In the coming months, the Helpline and the new Family Navigator provider



should consider developing a screening protocol for counselors to use when they refer a family to the Family Navigator program specifically.

Some findings were consistent between Right Turn and Family Navigator. First, participants in both programs generally express high levels of satisfaction with the services. Second, the case plans for both programs continue to exhibit relative consistency among the needs, goals and strategies. Finally, on the Family Survey, families from both programs were most negative about the statement that “we got as much help as we needed from the service providers.” For Right Turn, 27 percent of the responses registered disagreement with that statement, somewhat more than Family Navigator at 20 percent. This is worth mentioning because the longer-term impacts of both programs may only be as effective as the services to which they can refer families.

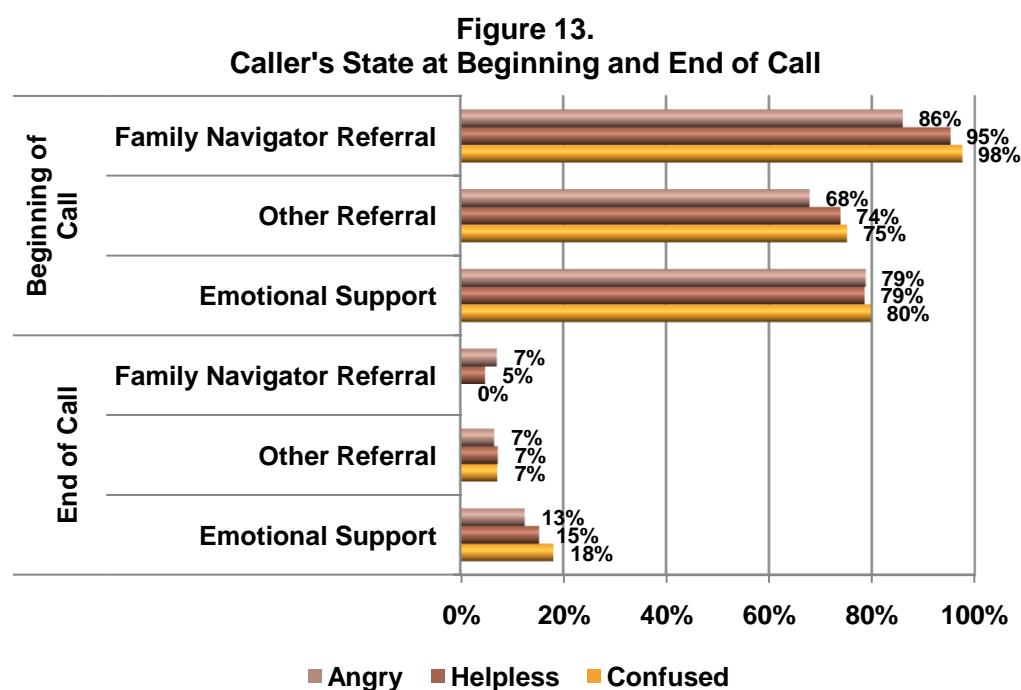
In particular, the evaluation continued to observe differences in the perceived experiences of those families whose services are covered by private insurance compared to those whose services are covered by Medicaid. Although there may be survey response bias or other explanatory factors, these observations have been consistent throughout the project and should continue to be explored because each program should be able to provide services effectively to all families, regardless of their insurance coverage.

## Outcomes: Benefits to the Clients

### NEBRASKA FAMILY HELPLINE

For those calling into the Helpline, the major outcome question which can be answered is whether the family thought it received information about an appropriate service. Based on its review of 63 standard inbound calls this quarter, HZA found that most callers for whom a judgment could be made appeared satisfied at the conclusion. Indeed as previously indicated, the majority of callers appear to be calmer and less angry or confused by the conclusion of the call.

Moreover, although families who were referred to Family Navigator were more likely to be angry (86%), helpless (95%) and confused (98%) at the beginning of the calls than were the other two groups, by the conclusion of the calls, counselors rated all three groups more or less the same as shown in Figure 13.<sup>16</sup>



A handful of follow-up calls (16) were also reviewed in the sixth quarter, and the majority of callers indicated that they had been treated professionally and with respect during their initial call to the Helpline. That high level of satisfaction did not extend, however, to the outcomes after the call. In five outbound follow-up calls, callers indicated that the services they had received so far were appropriate and helpful and six more reported that at least some of the service referrals they had received so far had been

<sup>16</sup> Previous reports suggested dividing Helpline callers into three groups: 1) those families referred to Family Navigator; 2) those who are referred to services other than Family Navigator; and 3) those whose primary benefit is emotional support (they are not looking for service referrals, even to Family Navigator).

appropriate. Two others felt that some of the referrals were not appropriate and the remaining callers indicated that no services had begun at the time of the follow-up call. More than one-third also reported having experienced a negative event since the family's initial call to the Helpline, while three callers reported that their family's situation had improved.

During interviews HZA conducted during the sixth quarter, families consistently reported that they would call the Helpline again if they needed it or even just to talk. In this sense, a major benefit for some callers continues to be the emotional support provided by the Helpline counselors.

## **FAMILY NAVIGATOR**

Just under half of the family plans reviewed by HZA in the sixth quarter contained updated information (46%) and were far enough along in the process to report on outcomes from the family plan. Many of the updates suggested that the family's objectives were achieved or in the process of being achieved. For example, the Navigator provided information or resources (41%), had scheduled an appointment, contacted a provider or accessed a service. Other updates listed additional goals the family would like to achieve. The most commonly seen outcome was that the family had accessed the provider and was receiving ongoing services (41%). However, a handful of cases also listed less positive outcomes, such as suspension from school, the child becoming involved with the law or the family continuing to explore out of home placements.

Family Survey responses take the examination of outcomes a step further, reporting both the family's satisfaction with the Family Navigator program and the services it had received and the impact those services had. During the sixth quarter, every single respondent to the Family Survey continued to agree or agree strongly with three of thirteen positive statements about their experiences with the Family Navigator program. The three issues with perfect scores included the following.

- Family Navigator services were timely.
- The Family Navigator spoke to us in a way we understood.
- The Family Navigator demonstrated sensitivity to our cultural and religious beliefs.

In addition, the statements that received 90 percent agreement or more were the following.

- The Navigator treated us with respect (97%).
- The Navigator understood our issues (96%).
- The length of time s/he was available to our family was about right (96%).
- The number of contacts made during that period was about right (94%)
- The Navigator knew what was available (90%).
- The Navigator knew how to access services (90%).

The statement that received the lowest levels of agreement relates to satisfaction with service providers rather than to the Family Navigator program. Eighty-two percent of the respondents believed that they received as much help as they needed from the service providers. This represents a slight increase since the previous two quarters.

When asked about the concrete results of their work with the Family Navigator, that is, the change in their situation or in their ability to handle the situation, three-quarters or more of the families provided positive responses on all questions except feeling more supported by other families. These scores were generally higher than seen in previous quarters, although Table 7 shows the cumulative results.

<b>Table 7 Families Who Agree/Strongly Agree</b>		
<b>Statement</b>	<b>% in Agreement</b>	<b>Total Responses</b>
I feel more supported by other families.	69%	54
Our home situation is more stable.	76%	59
Our family is better able to navigate the behavioral health system.	84%	61
I feel that I am better able to make informed decisions.	85%	62
I feel more confident in my abilities to help my child.	88%	64
I have a better idea of how to get help.	88%	66

Family interviews in the sixth quarter support the positive survey results. For example, one family member stated, “I like the fact that if there is a crisis, an emergency, I have resources and someone I can call immediately.” Another stated, “[Family Navigator]...opened my eyes to the cares of a young adult. I really give A+ for giving me insight into my daughter and helping me to understand what is available.”

## **RIGHT TURN**

As previously shown, the two satisfaction statements that continued to receive complete agreement in the Right Turn Family Surveys were that the Right Turn Specialists were sensitive to the consumers’ religious and cultural beliefs and that the Specialists spoke to the consumers in ways they could understand. In addition, the statements that received more than 90 percent agreement included the following.

- The Specialist treated us with respect.
- Right Turn services were timely.
- The Specialist understood our issues.
- The Specialist helped us to use and build upon our family strengths.
- The number of contacts made during that period was about right.
- The Specialist knew what was available.

As was the case with Family Navigator, the greatest dissatisfaction was expressed not with Right Turn but with the service providers. Only 75 percent of the respondents

reported that they got as much help as they needed from the service providers. In addition, 84 percent of the respondents thought the amount of time the Specialist was available to the family was about right. That compares to 95 percent of the Family Navigator respondents who felt the length of time was about right, despite that Right Turn services have longer durations.

Families express a relatively wide variety of responses to the more concrete results of their work with Right Turn. As Table 8 shows, on none of the issues did respondents to the Family Survey register improvement in 90 percent of the cases with the exception of feeling more confident to help their children. The lowest score related to having a better understanding of the child's diagnosis.<sup>17</sup> Although the proportion who agree has increased with the responses received in the current quarter, suggesting modest improvement, these patterns have nonetheless remained stable for the duration of the project.

<b>Table 8</b> <b>Families Who Agree/Strongly Agree</b>		
<b>Statement</b>	<b>% in Agreement</b>	<b>Total Responses</b>
I feel more confident in my abilities to help my child.	93%	45
I have more informal support.	89%	45
I have a better understanding of my child's needs.	88%	40
I feel my child or family is safer.	86%	42
I have better parenting skills.	84%	38
I feel our family can remain intact without placing my child somewhere else.	82%	39
I have a better idea of where to get help.	80%	45
I have a better understanding of adoption issues.	77%	31
I have a better understanding of my child's diagnosis.	75%	36

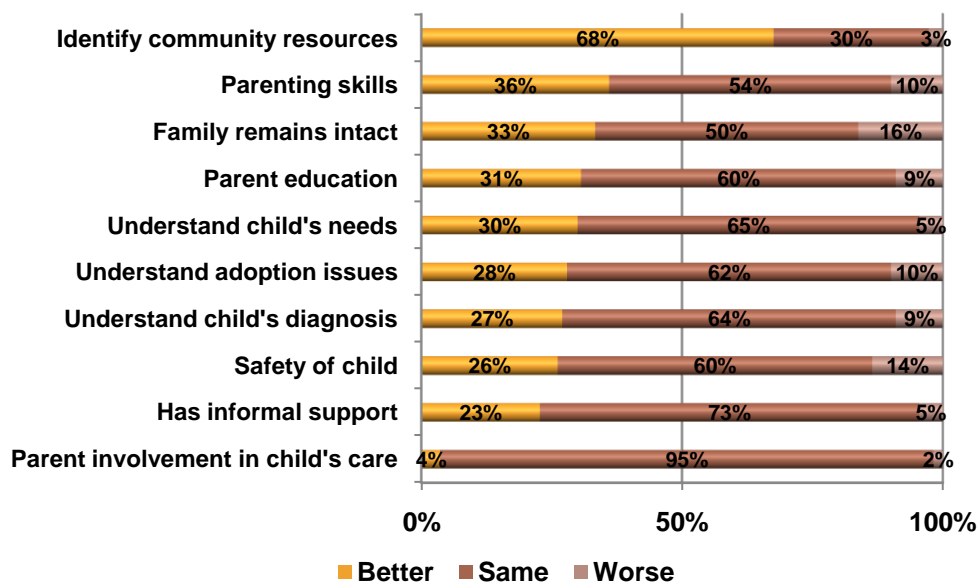
In previous quarters, the issue of family stability was raised as a concern because one of out five respondents disagreed that they felt the family could remain intact. None of the responses received in the current quarter indicated this was a concern, although the numbers are too small to determine yet if this is a trend. Another concern raised was that many respondents do not believe that they have a better understanding of adoption issues or where to get help. Again, the proportion of positive responses increased moderately in the current quarter. This may be the result of programmatic changes where Right Turn staff have begun to provide some families in-home support related to adoption issues.

The picture is somewhat different when examining family outcomes as measured by the assessments Right Turn staff administer at the beginning and end of services. Each assessment has scaled responses, some with three points on the scale and others with as many as six. Figure 14 shows the percent of families who improved, stayed the same or declined in each of the domains. The figure includes all 111 families who had

<sup>17</sup> There are 16 respondents who indicated this was not applicable.

completed pre- and post- assessments which could be matched to one another through the end of the quarter.

**Figure 14.**  
**Percent of Families Getting Better, Worse or Staying the Same on Assessments**



The questions in which more families showed greatest improvement related to identifying community resources (68%), parenting skills (36%) and parent education (33%). Interestingly, almost all parents (95%) exhibited the same level of involvement in their child's care at the pre- and post-test points. Related to the concerns raised above, 30 percent of families showed improvement on understanding adoption issues, and 33 percent reported that the family was remaining intact. Very few families exhibited negative changes in any responses from the pre-test to the post-test. The area where more families declined than any other was in the safety of the child (13%) and the family remaining intact (16%). Even in these areas, however, the number of families improving was double the number becoming worse.

## OUTCOME SUMMARY

For all three programs, the vast majority of those receiving services are satisfied with the services they receive and most believe they have benefited in concrete ways, allowing them to keep their families intact and to manage the impact of their children's behaviors better.

A minority of consumers continue to believe they are not better off after their involvement in any of the programs. It is likely that these less positive experiences relate to the types of families being served, the complexity of their presenting needs, and their insurance type (as evidenced in the effectiveness section). These results continue to suggest that there are some families who may need more than the usual

level of assistance. Staff from both programs have asserted previously that they have not been able to locate many “mid-range” services to offer, particularly in-home supports. Indeed, Right Turn is currently proposing ways in which the program can expand what is currently available to families including using the expertise of their own staff in more intensive ways.



## Next Steps

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Many of the recommendations from the previous report remain pertinent to the discussion of the sixth quarter findings.

After a more than a year, it is clear that both Right Turn and Family Navigator are generally compliant with the original program model. For all the fidelity measures there are obvious exceptions, although the programs appear to be doing all they can to comply with the model requirements. In extenuating cases—where a family does not respond to staff overtures or an emergency arises—both programs apply appropriate protocols and judgment.

For Family Navigator the review of case records found almost all contained a family plan which is a great improvement. Indeed, the program has been making efforts to improve data collection and reporting by its staff.

HZA will continue to explore the implications of health insurance, particularly Medicaid and private coverage, both in relation to service utilization, access to regional mental health services and consumer satisfaction. This topic remains paramount to fully understanding the scope and effectiveness of these services for families as well as whether the programs are preventing future liability. HZA also plans to explore in depth the handful of Right Turn cases where the child was made a ward of the state, either on a temporary basis or permanently. The purpose of this special study is to determine the role, if any, that insurance type and service access may have had.

In preparation for the final report under the current contract HZA will request updated N-FOCUS and Magellan data. HZA will also be working with the new Family Navigator service provider to set up its database and evaluation protocols for the next year.